

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **09926327**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51								
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9							59								
10							60								
11							61								
12							62								
13	/						63								
14		/					64								
15		/					65								
16		/					66								
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18		/					68								
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39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1		1		1		TOTAL IND.	1		1		1		1	
TOTAL DEP.	6		1		1		TOTAL DEP.	1		1		1		1	
TOTAL CLAIMS	7		2		2		TOTAL CLAIMS	2		2		2		2	